FORM HW-23 (REV. 1997)

STATE OF HAWAII — DEPARTMENT OF TAXATION

## --AMENDED--

## **EMPLOYER'S ANNUAL RETURN AND** RECONCILIATION OF HAWAII INCOME TAX WITHHELD FROM WAGES

FOR CALENDAR YEAR 19 \_\_\_ \_\_

| DO NOT WRITE IN | I THIS AREA |
|-----------------|-------------|
|-----------------|-------------|

| NA     | ME:                          |  |        |   |  |                             |  |
|--------|------------------------------|--|--------|---|--|-----------------------------|--|
| FED    | ERAL I.D. NO.                |  |        | HAW   | AII WITHHOLDING I.D. NO  |                             |  |
|        | TACH ANY CORRECTED FORI      |  |        |   |  |                             |  |
| 1.     | NUMBER OF HW-2 FORMS, (      | V-2 FORMS, COPY A 2. TOTAL WAGES SHOWN ON THESE FORMS (INCLUDE COLA) |        |   |  |                             |  |
|        |                              |  |        |   | FORMS  |                             |  |
|        |                              |  |        |   | AL AMOUNT DUE (ADD LINES 3, 3a, and 3b)  |                             |  |
| 4.     | PAYMENT OF TAXES WITHHE      | ELD BY M   | ONTH   | IS OR CALENDAR QUARTERS, V  | WHICHEVER IS APPLICABLE:   |                             |  |
| JA     | N. \$                        | APR.\$   |        | JUL. \$   | OCT. \$  |                             |  |
| FE     | B. \$                        | MAY. \$ _  |        | AUG. \$   | NOV. \$  |                             |  |
|        |                              |  |        |   | DEC. \$  |                             |  |
| 1st    | QTR. \$                      | 2nd QTR  | . \$ _ | 3rd QTR. \$   | 4th QTR. \$  |                             |  |
|        |                              |  | 5.     | TOTAL PAYMENTS OF TAXES WIT   | THHELD (FROM LINE 4 PLUS AMOUNT  |                             |  |
| RE•    | THIS SPACE FOR DATE RECEIVED | STAMP  |        | PAID WITH FORM HW-3)  |  | 5 \$                        |  |
| 用      |                              |  | 5a.    | PENALTIES PAID \$   | 5b. INTEREST PAID \$   |                             |  |
| ER     |                              |  | 5c.    | TOTAL PAYMENTS MADE (ADD L  | INES 5, 5a, and 5b)  | 5c \$                       |  |
| RD     |                              |  | 6.     | AMOUNT OF CREDIT TO BE REF  | FUNDED (LINE 5c MINUS LINE 3c)   | 6 \$                        |  |
| ٧٥     |                              |  | 7.     | AMOUNT OF TAX NOW DUE AND   | PAYABLE (LINE 3c MINUS LINE 5c)  | 7 \$                        |  |
| É      |                              |  | 0      | FOR LATE EU ING ONLY  | 8a PENALTY   | 8a \$                       |  |
| MOM    |                              |  | 8.     | FOR LATE FILING ONLY:   | 8b INTEREST  | 8b \$                       |  |
| 2      |                              |  | 9.     | TOTAL AMOUNT DUE AND PAYAB  | BLE (ADD LINES 7, 8a, and 8b)  | 9 \$                        |  |
| х<br>0 |                              |  | 10.    | PLEASE ENTER AMOUNT OF PA   | YMENT  | 10 \$                       |  |
| ECK    |                              |  |        | PAY IN U.S. DOLLARS ON ANY U.S. BA                                  | ANK  |                             |  |
| ᅜ      |                              |  |        | MAKE CHECK PAYABLE TO: HAV  | WAII STATE TAX COLLECTOR   |                             |  |
| ТАСН   |                              |  |        | CLARE UNDER THE PENALTIES PROVI<br>NOWLEDGE AND BELIEF IS A TRUE, C | DED BY LAW, THAT THIS RETURN HAS BEEN EXAMINA<br>CORRECT, AND COMPLETE RETURN. | ED BY ME AND TO THE BEST OF |  |
| ΑT     |                              |  | SIG    | NATURE  | TITLE  | DATE                        |  |
| • 1    |                              |  |        | INCTRUCT  | PAONS  | FORM HW-23 $37$             |  |
|        |                              |  |        | INSTRUCT  | IUNO   |                             |  |

THIS FORM IS ONLY USED AFTER THE ORIGINAL RETURN HAS BEEN FILED. It is not necessary to amend both the periodic returns and the Employer's Annual Return and Reconciliation of Hawaii Income Tax Withheld From Wages, Form HW-3.

Please file 2 copies of this amended return and any corrected Statements of Hawaii Income Tax Withheld and Wages Paid (copy of A of Form HW-2) with the district office with which the original return was filed.

- 1. Enter your name, the filing period, your Hawaii withholding I.D. number, and vour Federal Employer Identification Number.
- 2. Enter on lines 1 through 4 the corrected amounts which should have been reported on the original Employer's Annual Return and Reconciliation of Hawaii Income Tax Withheld From Wages, Form HW-3, filed. Entries which were correctly reported on the original return also must be entered on the appropriate line. Failure to do so will result in a change from the correct amount to -0-.
- 3. Include on lines 5 through 5c the amounts of any tax withheld, penalty, and interest paid with the original periodic returns, the original Form HW-3, as well as any supplemental payments made after the original returns were filed. REMINDER: Any payment made first offsets any interest due, then penalty, then tax due.
- 4. If line 3c is less than line 5c, subtract line 3c from line 5c and enter the result on line 6.

- 5. If line 3c is more than line 5c, subtract line 5c from line 3c and enter the result on line 7.
- 6. Enter on line 10 the amount of any payment being made with the amended return. If the amended return is being filed after the due date of the original return, include any additional penalty and interest shown on lines 8a and 8b in your payment.
- 7. If you are filing this return just to transmit corrected Forms HW-2, enter on line 1 the same number of HW-2's as on the original Form HW-3. If you are filing this return to transmit HW-2's not included with the original filing, enter on line 1 the corrected total number of HW-2's filed.
- 8. Prepare a duplicate copy of this amended return for your files.
- 9. Sign the amended return and file it with the district office with which the original return was filed. See mailing addresses below.

## **MAILING ADDRESSES:**

**OAHU DISTRICT OFFICE** P.O. BOX 3827 HONOLULU, HI 96812-3827

HAWAII DISTRICT OFFICE P.O. BOX 1377

HILO, HI 96721-1377

**MAUI DISTRICT OFFICE** P.O. BOX 923

WAILUKU, HI 96793-0923

**KAUAI DISTRICT OFFICE** P.O. BOX 1686 LIHUE, HI 96766-5686